



Atty. Dkt. No. 082454-0102

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Ross et al.  
Title: POWERED APPLIANCE AND  
ACCESSORY  
Appl. No.: 10/645,421  
Filing Date: 08/21/2003  
Examiner: Kovacs, Arpad  
Art Unit: 3671

<b>CERTIFICATE OF EXPRESS MAILING</b>	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EV 459164141 US	03/07/05
(Express Mail Label Number)	(Date of Deposit)
Roberta A. Cooper	
(Printed Name)	
(Signature)	

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD  
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicants hereby appeal to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated December 7, 2004, finally rejecting Claims 1-51.

☒ Applicant claims small entity status.

☐ Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

☒ Notice of Appeal Fee

☒ To be paid as detailed below

☐ Not required (Fee paid in prior appeal)

03/10/2005 AWONDAF1 00000013 10645421

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250.00 DP

The required fees are calculated below:

<input checked="" type="checkbox"/>		Notice of Appeal Fee	\$500.00
<input type="checkbox"/>		Extension month:	\$0.00
<input type="checkbox"/>		Extension:	\$0.00
		FEE TOTAL:	\$500.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$250.00
		TOTAL FEE:	\$250.00

☒ A check in the amount of \$250.00 is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

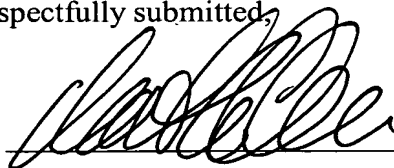
Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

3/7/05

By



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